



Backflow Prevention Assembly Test Report

101 Edgewood Avenue • P.O. Box 119 • Altavista, VA 24517
Phone: 800-789-7199 - Fax: 888-722-2712 - MooresElectric.com

Customer: ISG - USARC

Army Reverses

Street Address: 117 Harmony Bedford

Service Address: _____

Point of Contact [Individual]: TROY

Point of Contact Phone # 804 588 2111

Is the Assembly: New Existing Replacement/Record Old Assembly Serial Number: _____

Location of Assembly: Door 111 OSM Building Feed Line: Domestic (ex: Irrigation, Boiler, X-ray Eqt.)

Type of Assembly: RPZ DCVA PVB Manufacturer: Wilkins Size: 2"

Model: 975XL Serial NO: 369 6104 Installed Correctly: YES NO

Test Gauge Manufacturer: MIDWEST 845 Gauge Serial NO: 01182607 Calibration Date: 4/6/18

Inlet Pressure: 85 Water Meter Serial Number: _____ Other Info, as applicable: _____

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight gauge pressure across check valve <u>8.4</u> psi	opened at <u>3.4</u> psi <input type="checkbox"/> did not open	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight gauge pressure across check valve <u>2.6</u>	Air Inlet: _____ opened at _____ <input type="checkbox"/> Did not open Check Valve: Held at _____ psi <input type="checkbox"/> Leaked
<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> RV Assembly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> RV Assembly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc, CV <input type="checkbox"/> Disc, Seat <input type="checkbox"/> Spring, CV or Air Inlet <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other: _____
Gauge Pressure across check valve _____ psi	Relief valve opened at _____ psi	Gauge Pressure across check valve _____ psi	Air inlet _____ psi check valve _____ psi

** Note: All repairs shall be completed within five (5) working days unless otherwise approved by the Dept. of Water Resources. Assemblies shall not be replaced, relocated, or removed without advance authorization from the Department of Water Resources.

Comments: Shut off Valve: Closed or Leaking _____

bheater@mooreselectric.com

cell (434) 871-6054

I hereby certify that the data in this report is accurate and reflects the proper operation of this unit.

	Date	Tester	Signature	Tester No	Passed	Failed
Initial Test	<u>7/26/18</u>	<u>Benny Heater</u>	<u>Benny Heater</u>	<u>2717017374</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs					Note results below	
Final Test					<input type="checkbox"/>	<input type="checkbox"/>



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Customer: PSG - USARC

Army Reverses

Street Address: 1117 Harmony crossing Seaboard

Service Address: _____

Point of Contact [Individual]: TROY

Point of Contact Phone # 804 588 2111

Is the Assembly: New Existing Replacement/Record Old Assembly Serial Number: _____

Location of Assembly: Boiler Rm

Feed Line: Boiler make up (ex: Irrigation, Boiler, X-ray Eqt.)

Type of Assembly: RPZ DCVA PVB

Manufacturer: APOLLO

Size: 3/4

Model: RP4 A

Serial NO: 485765

Installed Correctly: YES NO

Test Gauge Manufacturer: MIDWEST 845 Gauge Serial NO: 01182607 Calibration Date: 4/6/18

Inlet Pressure: 65

Water Meter Serial Number: _____ Other Info, as applicable: _____

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight gauge pressure across check valve <u>8.2</u> psi	opened at <u>3.0</u> psi <input type="checkbox"/> did not open	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight gauge pressure across check valve <u>2.0</u>	Air Inlet: opened at _____ <input type="checkbox"/> Did not open Check Valve: Held at _____ psi <input type="checkbox"/> Leaked
<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> RV Assembly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc, CV <input type="checkbox"/> Disc, Seat <input type="checkbox"/> Spring, CV or Air Inlet <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other: _____
Gauge Pressure across check valve _____ psi	Relief valve opened at _____ psi	Gauge Pressure across check valve _____ psi	Air inlet _____ psi check valve _____ psi

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Comments: Shut off Valve: Closed or Leaking

bheater@mooreselectric.com

cell (434) 841-6054

I hereby certify that the data in this report is accurate and reflects the proper operation of this unit.

	Date	Tester	Signature	Tester No	Passed	Failed
Initial Test	<u>4/26/18</u>	<u>Benny Heater</u>	<u>Benny Heater</u>	<u>2717017374</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs					Note results below	
Final Test					<input type="checkbox"/>	<input type="checkbox"/>



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Customer: PSG - USARC

Army Reverses

Street Address: 1117 Harmony Beaufort

Service Address: _____

Point of Contact [Individual]: TROY

Point of Contact Phone # 804 588 2111

Is the Assembly: New Existing Replacement/Record Old Assembly Serial Number: _____

Location of Assembly: Boiler Rm

Feed Line: Domestic (ex: Irrigation, Boiler, X-ray Eqt.)

Type of Assembly: RPZ DCVA PVB

Manufacturer: Wilkins Size: 3

Model: 375 AST

Serial NO: 852 C

Installed Correctly: YES NO

Test Gauge Manufacturer: MIDWEST 845 Gauge Serial NO: 01182607 Calibration Date: 4/6/18

Inlet Pressure: 80

Water Meter Serial Number: _____ Other Info, as applicable: _____

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight gauge pressure across check valve <u>7.8</u> psi	opened at <u>3.4</u> psi <input type="checkbox"/> did not open	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight gauge pressure across check valve <u>2.4</u>	Air Inlet: opened at _____. <input type="checkbox"/> Did not open Check Valve: Held at _____. psi <input type="checkbox"/> Leaked
<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> RV Assembly <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc, CV <input type="checkbox"/> Disc, Seat <input type="checkbox"/> Spring, CV or Air Inlet <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other:
Gauge Pressure across check valve _____. psi	Relief valve opened at _____. psi	Gauge Pressure across check valve _____. psi	Air inlet _____. psi check valve _____. psi

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Initial Test	<u>4/26/18</u>	<u>Benny Heater</u>	<u>Benny Heater</u>	<u>2717017374</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repairs					Note results below	
Final Test					<input type="checkbox"/>	<input type="checkbox"/>